To All Applicants:

Your name **MUST NOT** appear on this form. The data requested is for statistical and record-keeping purposes only. This form will not be used in evaluating your application for any position.

Richland Public Health has a commitment to Equal Employment Opportunity/Affirmative Action. There will be no discrimination on the basis of race, color, age, sex, religion, national origin, handicap, veteran status, marital status, non-job related medical conditions or disability that can be reasonably accommodated.

1) Date of Application:________________________________________________________________________

2) Position Applied For:________________________________________________________________________

3) Birth Date:_____________________________________________________________________________________

4) Sex: ____ Female  ____ Male

5) Ethnic Origin – Check one of the following
   ____ White  ____ Black  ____ Hispanic  ____ Asian or Pacific Islander
   ____ American Indian or Alaskan Native

6) Veteran: ____ Yes  ____ No

7) Disabled: ____ Yes  ____ No

8) How did you hear about the position for which you have applied?
   ____Newspaper Advertisement
   ____Friend
   ____Health Department Employee
   ____Ohio Bureau of Employment Services
   ____Community Action Agency
   ____Walk-In
   ____Other, Explain_______________________________________________________________________________